

1.) CORPORATION NAME:

DUE DATE: 7/31/2011

Lions Mobile Sight and Hearing Unit of District24-D, Inc.

SCC ID NO: 04123063

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ATTORNEY

R. CRAIG GALLAGHER

SMITHFIELD BLDG., STE. 341-B

6160 KEMPSVILLE CIRCLE

NORFOLK, VA 23502

5.) STOCK INFORMATION

CLASS

AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

NORFOLK CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2126 WAKE FOREST STREET

CITY/ST/ZIP: VA BEACH, VA 23451-

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

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OFFICER

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DIRECTOR

NAME:

JOHN CRANFORD

TITLE:

TREASURER

ADDRESS:

2126 WAKE FOREST ST

CITY/ST/ZIP/CO:

VA BCH, VA 23451-

☒

OFFICER

☒

DIRECTOR

NAME:

NANCY CRANFORD

TITLE:

SECRETARY

ADDRESS:

2126 WAKE FOREST ST

CITY/ST/ZIP/CO:

VA BEACH, VA 23451-

☒

OFFICER

☒

DIRECTOR

NAME:

WILLIAM CHASTEN

TITLE:

PRESIDENT

ADDRESS:

724 MANDARIN LANE

CITY/ST/ZIP/CO:

CHESAPEAKE, VA 23323-

☒

OFFICER

☒

DIRECTOR

NAME:

TIMOTHY MARINELLI

TITLE:

VICE PRESIDENT

ADDRESS:

106 HARRISON DR

CITY/ST/ZIP/CO:

SMITHFIELD, VA 23430-

☐

OFFICER

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DIRECTOR

NAME:

C. E. CUNNINGHAM

TITLE:

DIRECTOR

ADDRESS:

114 VINE DR

CITY/ST/ZIP/CO:

YORKTOWN, VA 23692-

NAME:	DON MIKULECKY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	132 SCHOOLER LANE		
CITY/ST/ZIP/CO:	MATHEWS, VA 23109-		
NAME:	PAT MORRELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	21 JONQUIL LANE		
CITY/ST/ZIP/CO:	NEWPORT NEWS, VA 23606-		
NAME:	BARBARA SENEAL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4241 MANCHESTED RD		
CITY/ST/ZIP/CO:	PORTSMOUTH, VA 23703-		
NAME:	CLAYTON SENEAL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4241 MANCHESTER RD		
CITY/ST/ZIP/CO:	PORTSMOUTH, VA 23703-		
NAME:	JERRY PHELPS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1229 COURSE VIEW CIRCLE		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23455-		
NAME:	JIM OGLESBY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4524 THREE PINES LANE		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23457-		
NAME:	CHARLES WOOD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5012 SMITH FARM RD		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23455-		
NAME:	MARTIN KEMP	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	24300 EAST POINT RD		
CITY/ST/ZIP/CO:	ONANCOCK, VA 23417-		
NAME:	JIM REID	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	600 BRIAR COURT		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23452-		
NAME:	SAMMIE REID	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	600 BRIAR COURT		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23452-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROY STOCKDILL DIRECTOR 8235 BRIARWOOD CIRCLE NORFOLK, VA 23518-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MINNIE NERY DIRECTOR 4309 INDIAN RIVER RD VIRGINIA BEACH, VA 23456-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY LOU NEWMAN DIRECTOR 3009 HERITAGE LANDING RD WILLIAMSBURG, VA 23185-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT NERY DIRECTOR 4309 INDIAN RIVER RD VIRGINIA BEACH, VA 23456-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JOHN CRANFORD		JOHN CRANFORD, TREASURER	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			